,. .		В	eşt av	'AIL'	ABLE	COPY	r	`.				
- 3 -	PATENT A	RD	ipplication or Doctor Number 09 1887556									
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL EN		OR	OTHER SMALL	
TOTAL CLAIMS							E	RATE	FEE		RATE	FEE
FOR			MUMBER FILED		NUMBER EXTRA		. [a	ASIC FEE	355.00	QЯ	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			Ul minus 20=		-21			X\$ 95	89	ØЯ	.X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		-	-0		X40-	,	OR	X80=	
MULTIPLE DEPENDENT CLAIM P			RESENT				T	+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2						_	TOTAL	749	OR	TOTAL		
CLAIMS AS AMENDED - PART ()							. 1	SMALL S	ENTITY	OR	OTHER SMALL	
		(Column 1)		HG	inth 2) HEST	(Cotumn 3)	ľ		ADDI-			ADDI-
ENTA		REMAINING AFTER AMENDMENT		PREVI	(BER IOUSLY POR	PRESENT EXTRA	L	RATE	TIONAL FEE		RATE	TIONAL
АМЕКВ ИЕМТ	Total	. 41	Minus ·	•	41	- \		X\$ 9=		OR	X\$18=	·
	Independent	• 3	Mirus	***	3	- \		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
		•		•	•		L	YOTAL ODIT, FEE		OR	YOYAL ADDIT, FEE	
<u>. </u>		(Column 1)		(Coh	ımn 2)	(Column 3)	- Pu	JUI I. FEE () (PARENT IN FRANCE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		PREV	HEST MBER NOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ğ	Total	. 41	Minus	-4	1	· —		X\$ 9=		OR	X\$18=	
AME	Independent	- 7	Minus	J	T CI AIM			X40=		СR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							' [+135=		OR	+270=	
l							AC AC	TOTAL DOT. FEE		OR:	TOTAL ADDIT. FEE	
_		(Column 1)			· · · · · · · · · · · · · · · · · · ·							
AMENDMENT C		CLAMS REMAINING AFTER AMENDMENT		NUL PREVI	HEST MBER MOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
100	Total	•	Minus	**		-		X\$ 9=	:	OR.	X\$18=	
	Independent	•	Minus	•••		F	 	X40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						[!] -	+135=		OR OR	+270=	
l :	" If the entry in column 1 is less than the entry in column 2, write "If in column 3. " If the T-Sphest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									00	TOTAL	
	"If the "Highest No	umber Previously P	PER IN THE	IS SPACE	is less th	en 2, enter "2."		TOTAL DOT, FEE	oscoriate bo	-	ADDIT. FEE Auron 1.	

FORM PTO-676

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